Appendix F:

Mississippi Psychotropic Medication Monitoring Plan for Children in Foster Care

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In Collaboration with Division of Medicaid
and
Mississippi Department of Mental Health

Mississippi Department of Human Services, Division of Family & Children Services
In order to develop a plan for ongoing oversight and coordination of better health care services for children in foster care, DFCS, Department of Mental Health (DMH) and Division of Medicaid are collaborating together to develop protocols for the appropriate use and monitoring of psychotropic medications for our foster children. Each agency is working on techniques according to their expertise to provide the best oversight service available. Each agency is represented by two representatives: a child psychiatrist from DMH, a mental health therapist (Director of Children and Youth Services, DMH) a doctor of pharmacy from the Division of Medicaid, and the Children and Youth Director from DOM, a nurse from DFCS, and a bureau director (LMSW) representing Resource Development at DFCS.

MDHS/DFCS also consulted with a child psychiatrist from a private non-profit agency stakeholder who is also affiliated with the University of Mississippi Medical School.

MDHS/DFCS "Psychotropic Medication Management Plan" is as follows:

- Within 30 days of entering foster care the child shall have had a comprehensive health assessment as well as a mental health assessment as stated above in this document. (Copies of this information will be placed in appropriate Passport Program binder.)
- If the physician is recommending a prescription for psychotropic medication for the child, the caseworker will provide a signed request to the prescribing physician. This consent request must be signed by the caseworker, area social work supervisor and approved by the state office nurse program manager in the resource development unit.
- The nurse program manager will either grant consent or not grant consent. In the event the nurse program manager has questions, she will consult with the physician to make a decision.
- Once the consent is granted or denied, the social worker will fax the form to the prescribing physician to inform him/her of the decision. The caseworker will work with the physician to establish an alternative treatment plan if necessary.

Parameters that the nurse program manager, as well as the caseworker, area social work supervisor and physician must consider before and during the approval of psychotropic medications are:

- DSM-IV psychiatric diagnosis should be made before psychotropic drugs are prescribed
- More conservative measures should be considered before psychotropic drugs are prescribed
- Clinician and caseworker should consider potential side effects of each medication
- Side effects should be properly documented
- Monotherapy should be tried before polytherapy
- Only one medication should be changed at a time

- Height, weight, and other pertinent lab data should be documented before and during the period of psychotropic drug therapy
- Include abiding by AACAP guidelines

Mississippi Division of Medicaid

Mississippi DOM has actively addressed the use of antipsychotics in children during the last decade. Some of the actions that have been taken previously include:

- September 2003 DUR Board added therapeutic duplication of atypical antipsychotics to monitoring and initiating aggressive intervention strategy among prescribers.
- September 2008 FDA minimum age limits implemented on all atypical antipsychotics as part of point-of-sale (POS) clinical edits.
- February 2009 DUR Board began another review of atypical antipsychotic use in children and review of potential actions needed.
- September 2010 changed Quetiapine XR age limit to >/=18 years of age in POS clinical edits.

The information provided by the Mississippi Division of Medicaid (DOM) is for all children in the State that receive regular Medicaid benefits. For those children that are covered by Mississippi (MSCAN) and receive services contracted by DOM to Magnolia Health Plan are being monitored by that managed care provider. Currently Magnolia is developing for MDHS/DFCS a Medical Passport that will capture that information as well as other medications prescribed for the child as well as doctor visits and dental examinations.

Through these and other actions, Mississippi DOM has aggressively monitored and managed antipsychotic use in children. The success of these actions is evident when data have existed for comparing rates of quality indicators in Mississippi to other state Medicaid programs. Based on the results from this study and from information about clinical edits, etc. utilized in other states, the following actions were presented at the August 2012 Drug Utilization Review (DUR) Board meeting for discussion and approval of recommendations.

Retro-DUR Monitoring and Intervention

- Reactivate monitoring and physician letter intervention for therapeutic duplication of atypical antipsychotics among children. This intervention was initially approved at the September 2003 DUR Board meeting based on a criterion of 2+ APs with 90+ days overlap.

  DUR Board action requested: input on (a) whether criteria for determining duplicate therapy should be 60+ or 90+ days and (b) whether action should be expanded to adults.

- Monitor and send physician letters when multiple prescribers appear for concomitant use of mental health medications.

DUR Board action requested: Approval of recommendation for monitoring and intervention. Input on criteria for (a) determining duplicate therapy overlap and (b) whether action should apply to adults and children.

SmartPA POS Clinical Edit

DUR Board action requested: Discussion and input on possible new edits. As part of the retro DUR activities above, MS-DUR will evaluate the impact of these potential new edits before a formal recommendation is made to DUR Board and DOM.

- Require manual PA for 2nd antipsychotic for child if overlap is greater than 30 days. Initial fill of 2nd antipsychotic would be automatically approved with letter sent notifying prescriber that a refill with overlapping therapy will require a manual PA. These criteria would allow initial overlap for change in therapy and will prevent laps in therapy.
- Require manual PA for 2nd long acting stimulant for children using same criteria as above for 2nd antipsychotic.